

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005219

STATE FILE NUMBER

AMENDED

Registration District No. 354

LED JAN 29 1962

Primary Registration District No. 6198Registrar's No. 76

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cass twp.</u>		c. CITY OR TOWN <u>Cass twp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. East of Cabool</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1, Cabool</u>	
3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Rezin</u> Last <u>Torode</u>		4. DATE OF DEATH Month <u>1</u> Day <u>22</u> Year <u>62</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/6/1895</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>John Deere Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Des Moines, Ia.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Finley Torode</u>		13b. MOTHER'S MAIDEN NAME <u>Fredicka Shnelbacker</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellen Torode</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>	
16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT Address <u>Ellen Torode, Cabool, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be (natural causes)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Deceased complained of chest pains and had a history</u>		DUE TO (c) <u>of a heart condition. Probable coronary occlusion.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Investigated by James Gentry, Coroner of Texas County.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:15</u> a.m. p.m. Month, Day, Year <u>1/22/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cabool, Mo.</u>	
20g. COUNTY <u>Cabool, Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1/22/62</u> to <u>1/25/62</u> and last saw her alive on <u>1/24/62</u> Death occurred at <u>3:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Gaynell Cunningham</u> (Degree or title) <u>Registrar</u>		22b. ADDRESS <u>Cabool, Mo.</u>	
22c. DATE SIGNED <u>1-24-62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	
23a. BIRTHPLACE (City and state or country) <u>Cabool, Mo.</u>		23b. LOCATION (City, town, or county) <u>Cabool, Mo.</u>	
23c. DATE <u>1/25/62</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	
24. FUNERAL DIRECTOR <u>Elliott-Gentry,</u>		25. DATE RECD. BY LOCAL REG. <u>1-24-62</u>	
26. ADDRESS <u>Cabool, Mo.</u>		27. REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1962

JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Rutz

Licensed Embalmer No. 4718

P. O. Address Calver, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.